

MS Patent Application
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P.O. Box 1450
Alexandria, VA 22313-1450

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NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of:

APPLICANT(S): Todd A. Wolford et al.

TITLE OF INVENTION: ORTHOPAEDIC REAMER DRIVER FOR MINIMALLY INVASIVE SURGERY

Enclosed are: Patent Application, including:

Specification (6 Sheets)

Claims (4 Sheets)

Abstract

Drawings (8 Sheets)

Declaration Executed Unexecuted

Assignment Yes No

Information Disclosure Statement Yes No

Certified Foreign Priority Application Yes No

ITEM	NUMBER FILED	EXTRA	CHECK IF LARGE ENTITY				TOTAL FEES
			SMALL ENTITY	LARGE ENTITY	RATE	FEES	
Basic Fee			\$375.00	\$375.00	\$750.00	\$0.00	\$375.00
Total Claims	25	- 20	5	\$9.00	\$45.00	\$18.00	\$0.00
Independent Claims	4	- 3	1	\$42.00	\$42.00	\$84.00	\$0.00
Multiple Dependent Claims	0	- 0	0	+\$140.00	\$0.00	+\$280.00	\$0.00
Assignment Recordation Fee			\$40.00		\$40.00		\$40.00
Total Filing Fee:							\$502.00

A check in the amount of \$502.00 is enclosed. (Check No. 10833)

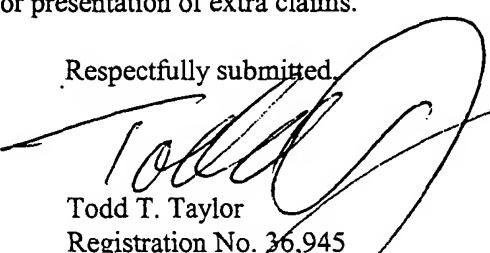
[X] Applicant hereby claims Small Entity Status under 37 CFR § 1.27(c)(1, 2) which entitles Applicant to a 50% reduction in government fees.

[] Applicant(s) hereby request(s) that the above-captioned application **NOT BE PUBLISHED** under 35 U.S.C. § 122(b) and 37 C.F.R. § 1.211. The undersigned hereby certifies that the invention disclosed in this application has not and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication at eighteen months after filing.

[X] The Director of the U.S. Patent and Trademark Office is hereby authorized to charge payment of the following fees or credit any overpayment associated with this communication or during the pendency of this application to Deposit Account No. **20-0095, TAYLOR & AUST, P.C.** A duplicate copy of this letter is enclosed.

[X] Any additional filing fees required under 37 CFR 1.16.
[X] Any patent application processing fees under 37 CFR 1.17.
[X] Any fees under 37 CFR 1.16 for presentation of extra claims.

Respectfully submitted,


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TTT/dc

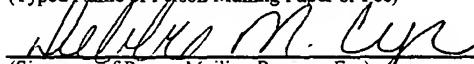
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I hereby certify that this paper or fee is being deposited with the United States Postal Service "EXPRESS MAIL POST OFFICE TO ADDRESSEE" service under 37 CFR 1.10 on the date indicated above and is addressed to MS Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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